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HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Takayama	Linda	Chu	545-3060
MAILING ADDRESS (Street)			FAX
P.O. Box 1196			545-1182
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

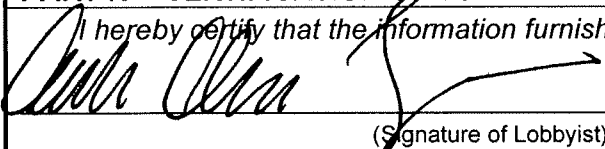
PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Abbott Laboratories	847-937-3930
MAILING ADDRESS (Street)	FAX
1127 11th Street, Suite 550	
(City)	(State)
Sacramento	California
(Zip Code)	95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Dale R. Johnson	847-937-3930
MAILING ADDRESS (Street)	FAX
1127 11th Street, Suite 550	
(City)	(State)
Sacramento	California
(Zip Code)	95814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

 I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

_____ 1.26-07

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Dale R. Johnson		Divisional Vice President, State Government Affairs	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Abbott Laboratories		847-937-3930	
MAILING ADDRESS (Street)		FAX	
1127 11th Street, Suite 550			
(City)	(State)	(Zip Code)	
Sacramento	California	95814	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

 _____

(Signature of Authorizing Officer or Person Represented)

1/17/07 _____

(Date)